Application or Docket Number

Effective October 1, 2003													
			SMALL E	NTITY	OR	OTHER . SMALL							
║.	TOTAL CLAIM	30		ŀ		·	RATE	FEE	7	RATE	FEE .		
F	OR .	NUMBER FILED		NUMBER EXTRA .			BASIC FE	385.00	OR	BASIC FEE	770.00		
	OTAL CHARGE	30 minus 20=		· 10			X\$ 9=		OR	X\$18=	180		
II	DEPENDENT (6 minus 3 =		3		·	X43=		OR	×86=	अध		
Ľ	ULTIPLE DEPE	NDENT CLAIM F					. +145=		OR	+290=	b .		
•	* If the difference in column 1 is less than zero, enter "0" in column 2						.	TOTAL		OR	TOTAL	1208	
: 1.	CLAIMS AS AMENDED - PART II 12-20-04 (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA		CLAIMS REMAINING · AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	: 7	Minus	44 30	0.	=		X\$ 9=		OR	X\$18=		
AME	Independent	+ /	Minus II TIPLE DE	PENDENT	CI AIM	-		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=		
	Independent	ndependent Minus MINUS MEST PRESENTATION OF MULTIPLE DEPENDENT		CI AILA	=		X43=		OR	X86=			
۰.	THIST PROCESSIANCE OF MOETICE OF ENGLISHING							+145=		OR	+290=		
•	•	•					A	TOTAL DOIT, FEE		OR ,	TOTAL ODIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)			•				
51		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	64		=		X\$ 9-		OR	X\$18=		
	Independent		Minus .	ENDENT (7 644	-		X43=		OR	X86= .		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									· [+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
11	THE TRYINGS INDI	ber Previously Paid	, ., ., ., .,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,							